

INFORMATION COLLECTION SUBMISSION WORKSHEET

Part I: Information Collection Request

You may use this form in lieu of the OMB 83-I form.

Please read the instructions before completing this form. For assistance in completing this form, contact ED's Paperwork Clearance Official. Submit electronic copies of this form, the collection instrument to be reviewed, parts A and B of the supporting statement, and any additional documentation through EDICS.

1. Agency/Subagency Originating Request: Department of Education, IES	2. EDICS Tracking and OMB Control Number: EDICS #4031, OMB #1850-0788
3. Title: What Works Clearinghouse	
4. Type Of Information Collection (Check One): <input type="checkbox"/> New collection <input checked="" type="checkbox"/> Revision of a currently approved collection <input type="checkbox"/> Extension of a currently approved collection <input type="checkbox"/> Reinstatement, with change of a previously approved collection <input type="checkbox"/> Reinstatement, without change of a previously approved collection <input type="checkbox"/> Existing collection in use without an OMB control number	4a. Is this a request for a generic clearance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, enter Generic Clearance Budget Requested Annual Number of Responses, Annual Time Burden, and Annual Cost Burden in Part III – Information Collection Burden Worksheet.
5. Type Of Review Requested: <input checked="" type="checkbox"/> Regular (If Streamlined Also Click Here <input type="checkbox"/>) <input type="checkbox"/> Emergency – Approval requested by: MM/DD/YYYY	6. Expiration Date: a. <input checked="" type="checkbox"/> Three Years From Approval Date b. <input type="checkbox"/> Six months from approval date (Max for Emergency Review) c. <input type="checkbox"/> Other: MM/DD/YYYY d. Specify: / or Number of Months from Approval Date:
7. Does this ICR contain surveys, censuses, or employ statistical methods? <input type="checkbox"/> Yes (Attach Part B of Supporting Statement) <input checked="" type="checkbox"/> No	
8. Does the Supporting Statement serve as a Joint ICR and Privacy Impact Assessment per OMB Memorandum 03- http://www.whitehouse.gov/omb/memoranda/m03-22.html, Section II.D.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Agency Contact and Phone Number: Susan Sanchez , (202) 208-7061 (susan.sanchez@ed.gov)	
10. Abstract: The What Works Clearinghouse (WWC) was established to develop, maintain, and make accessible a system of high-quality reviews of studies of the effectiveness of education-related interventions. In support of this effort, the WWC currently collects information from users including nominations for studies, interventions, and toics to review, as well as evaluator information. A new Registry of Randomized Controlled Trials (RCTs) will also allow members of the public to review and submit information relating to RCTs in the field of education. Primary members of the affected public include individuals or households. Information from the submissions will be used to further the work of the WWC in reviewing studies and interventions, developing topic areas and practice guides, and populating the Registry of Evaluation Reserachers and Registry of RCTs for the WWC.	

11. Authorizing Statute(s):

a.	US Code		USC	171 (b)	Name of Law:	Education Sciences Reform Act of 2002
	US Code		USC		Name of Law:	
b.	PL	Pub L		Sec	Name of Law:	
	PL	Pub.L.		Sec	Name of Law:	
c.	Statute at Large		USC		Name of Statute:	
	Statute at Large		USC		Name of Statute:	
d.	EO	EO		Name /Subject of EO:		
	EO	EO		Name/Subject of EO:		

12. Associated Rulemaking Information

RIN: [] [] [] [] – [] [] [] []	Stage of Rulemaking (check one): <input type="checkbox"/> Proposed Rule <input type="checkbox"/> Interim Final or Final Rule <input type="checkbox"/> Not associated with rulemaking	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Federal Register Citation:</td> <td style="width:50%;">Citation Date:</td> </tr> <tr> <td>FR [] [] [] [] [] [] [] [] [] [] (M/D/YYYY)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">FOR RIMS USE ONLY</td> </tr> </table>	Federal Register Citation:	Citation Date:	FR [] [] [] [] [] [] [] [] [] [] (M/D/YYYY)		FOR RIMS USE ONLY	
Federal Register Citation:	Citation Date:							
FR [] [] [] [] [] [] [] [] [] [] (M/D/YYYY)								
FOR RIMS USE ONLY								

For a Proposed Rule, OMB will not consider an ICR complete until the Notice of Proposed Rulemaking has been published.

INFORMATION COLLECTION SUBMISSION WORKSHEET

Part I: Information Collection Request

You may use this form in lieu of the OMB 83-I form.

FOR RIMS USE ONLY

13. Federal Register Notices & Comments
- Federal Register Citation: Citation Date: Did ED receive public comments on this ICR?
- 60-day Notice: FR (MM/DD/YYYY) ☐ Yes ☐ No
- 30-day Notice: FR (MM/DD/YYYY)
- Unless submitted as an Emergency or Associated with Rulemaking, OMB will not consider an ICR complete until the 30-day notice has been published.*

14. Annual Cost to the Federal Government: \$80,124.35.

15. Add/Edit Information Collections (See Part II: Information Collection Detail)

16. Annual reporting and recordkeeping hour burden:

a. Number of respondents: 534

b. Total annual responses: 534

Percentage of these responses collected electronically: 100%

c. Total annual hours requested: 180.8

d. Current OMB inventory: 352.0

e. Difference (+/-): -171.2

f. Explanation of difference

1. Program Change: Decrease is due to the removal of customer survey from the existing clearance, as well as the addition of new Registry of Randomized Controlled Trials being added to the existing clearance. Decreased hours are also requested for anticipated decrease in user responses to nomination forms.

2. Adjustment: 0

17. Frequency of recordkeeping or reporting (check all that apply):

a. ☐ Recordkeeping b. ☐ Third party disclosure c. ☒ Reporting

1. ☒ On occasion

2. ☐ Weekly

3. ☐ Monthly

4. ☐ Quarterly

5. ☐ Semi-annually

6. ☐ Annually

7. ☐ Biennially

8. ☐ Other (describe)

18. Citations for New Statutory Requirements: (Required if any change in burden is a Program Change Due to New Statute.)

a. US Code: USC Name of Law:

b. PL: Pub.L. - Sec Name of Law:

c. Statute at Large: USC Name of Statute:

d. EO: EO Name /Subject of EO:

Short Statement: (Explain the reasons for any program changes or adjustments reported; provide a short statement on how the reduction in burden was achieved or why the increase in burden occurred. (if you need more space, please provide a short statement less than 4000 characters here and elaborate in the supporting statement.))

INFORMATION COLLECTION SUBMISSION WORKSHEET

Part I: Information Collection Request

You may use this form in lieu of the OMB 83-I form.

The revised clearance will result in an increase of 352.0 burden hours. This increase is due to the addition of the Registry of Randomized Controlled Trials to the existing clearance, as well as a projected increase in user feedback to existing nomination forms and Registry of Evaluation Researcher updates.

19. ☐ Burden increases because of Program Change due to Agency Discretion
☒ Burden decreases because of Program Change due to Agency Discretion
☐ Burden increases because of program change due to statutory changes
☐ Burden decreases because of program change due to statutory changes
☐ Burden increases because of program change due to lapse of OMB approval
☐ Burden decreases because of program change due to lapse of OMB approval

20. Add/Edit Supporting Statement and Other Documents (*Note: The Supporting Statement does not have any required fields.*)

Supporting Statement A

Remove	Title	Date Uploaded (MM/DD/YYYY)	Uploaded By
<input type="checkbox"/>	WWC Supporting Statement - Database Forms Revision		

Supporting Statement B

Remove	Title	Date Uploaded (MM/DD/YYYY)	Uploaded By
<input type="checkbox"/>	Not applicable to this information collection.		

Supplementary Documents

Remove	Title	Document File Name	Document Type	Date Uploaded	Uploaded By
<input type="checkbox"/>	Study Submission Form	Form 01 - Study Submission	.pdf		
<input type="checkbox"/>	Intervention Nomination Form	Form 02 - Intervention Nomination	.pdf		
<input type="checkbox"/>	Topic Nomination Form	Form 03 - Topic Nomination	.pdf		
<input type="checkbox"/>	Registry of Evaluation Researchers	Form 04 - Eval Registry Text	.pdf		
<input type="checkbox"/>	Registry of Evaluation Researchers Letter of Commitment	Form 05 - Eval Registry Commitment Letter	.pdf		
<input type="checkbox"/>	Registry of Randomized Controlled Trials	Form 06 - RCT Registry Text	.pdf		
<input type="checkbox"/>	Registry of Randomized Controlled Trials Details	Form 07 - RCT Registry Details	.pdf		
<input type="checkbox"/>	Registry of Randomized Controlled Trials Letter of Commitment	Form 08 - RCT Commitment Letter	.pdf		

Public Comments

Date of Comment (mm/dd/yyyy)	Date Comment Received (mm/dd/yyyy)	Category (Select One)	Comment Type	Author's First Name	Author's Last Name	Sponsoring Organization

21. Is this collection related to EDFacts? ☐ Yes ☒ No

22. Are EDFacts standard definitions for School, LEA, SEA, Children With Disabilities, LEP and Migrant Used? ☒ Yes ☐ No

23. Please describe the types of reports and analysis to be performed against the data (500 Characters Maximum):

Tabulations of the information collected under this request will be for internal use by WWC contractors and Department of Education staff. The information will be used to ascertain the frequency of submissions and updates to the database. No additional reports and analyses will be performed against the information provided through the nomination forms, Registry of Evaluation Researchers, or Registry of Randomized Controlled Trials collections.